

The Covid-19 epidemic also attacks women's rights!

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Amandine Clavaud, head of the European department and of Gender Equality

The Covid-19 pandemic has an impact on all aspects of our society. What about gender equality? Increasing domestic violence, access to birth control and abortion, and care professions on the frontline are tangible consequences, highlighting how women's rights are fundamentally affected. Amandine Clavaud, head of the European department and of Gender Equality at the Fondation Jean-Jaurès, analyses the impact of this global health crisis on women's rights.

While the Covid-19 epidemic is strongly affecting all of the international community, the consequences of the international health crisis we are currently experiencing can be observed on all levels – there are human, social, economic and political consequences – and highlight how Covid-19 is a true catalyst of our society's existing tensions, gaps and problems. Women's rights are profoundly impacted and many voices within associations, institutions and politicians have therefore spoken out since the beginning of this crisis, so that we wouldn't witness a global backlash¹.

2020: A questioned international schedule for women's rights?

Yet, women's rights were supposed to make a mark on the international diplomatic schedule in 2020. Indeed, the [Beijing Declaration and Platform Action](#) were adopted by 189 countries, twenty-five years ago, and are since then the “key global policy document on gender equality”², setting the priority goals and strategic actions in twelve areas.³ For this anniversary, the [UN 64th Commission on the Status of Women](#) should have precisely focused on the progress and setbacks in terms of gender equality, to draw up a first assessment of the situation. However, the Covid-19 pandemic led to the cancellation of this yearly meeting that was supposed to happen from March 9th to March 20th 2020, within the United Nations premises in New York City, with about 12,000 people from official delegations and civil society around the world.

¹ See Susan Faludi, *Backlash. La guerre froide contre les femmes*, Éditions des femmes, Antoinette Fouque, 1993.

² “World Conferences on Women”, [UN Women website](#)

³ The twelve areas are the following: fight against women's growing poverty; foster equal access to education and training; foster equal access to care and sanitary services; fight violence against women; fight the effects of armed conflicts on women; promote equality within economic organisations and policies, equal access to all forms of production activity and resources; encourage power sharing and decision-making; promote mechanisms supporting women; ensure the respect of fundamental women's rights and the shortcomings of promoting and protecting these rights; fight against the stereotypical image of women and unequal access and participation of women in communication (mainly media); foster equal access to the exploitation of natural resources and the conservation of the environment; abolish discrimination towards young girls and the violation of their fundamental rights. To go further, see: Ghislaine Toutain, [« 25 ans après la Déclaration de Pékin : un combat sans fin pour les droits des femmes ? »](#), Fondation Jean-Jaurès, February 25th 2020.

The 64th session of the Commission on the Status of Women was supposed to represent a first milestone before the high-level ministerial meeting due to take place in Mexico, on May 7th and 8th, to prepare the international conference [Generation Equality Forum](#), initially planned from July 7th to July 10th 2020 in Paris, and whose schedule is currently “being reviewed”. Bolstered by the United Nations, and co-chaired by France and Mexico, the Generation Equality Forum aims at gathering the member States of the UN, civil society and the private sector to lead to financial engagements over five years, while following the Sustainable Development Goals Programme by 2030⁴, of which objective 5 relates to gender equality. The 75th session of the UN General Assembly next September should also give a special focus on women’s rights.

Today, it seems very uncertain that these events will take place. However, this is no reason to stop debating on women’s rights that keep getting attacked and scorned all around the world. Incidentally, international civil society has called for the UN Commission on the Status of Women to be postponed instead of cancelled, since the declaration ultimately adopted by a smaller committee, with only the permanent representations of the UN member States present, is well short of the European Union’s ambitious goals. This is even more prejudicial since women’s rights have been largely talked about globally since the #MeToo movement in 2017. In France, this movement continued with statements from actress Adèle Haenel and Sara Abitbol, former high-level athlete, who denounced the sexual violence they suffered from as children and teenagers.

The international health crisis linked to the Covid-19 pandemic must not put women’s rights aside, and raises many questions regarding gender equality.

Increase in domestic violence, access to sexual and reproductive rights: women’s rights put to the test of confinement

China, where the pandemic started, is currently progressively coming out of confinement, and is experiencing an increase in domestic violence: “The Jianli county police station⁵ has received 162 reports of domestic violence in February. This is three times more than the 47 of February 2019. In January, the number of cases was double that of January 2019. According to our statistics, 90% of violence cases are linked to the Covid-19 pandemic”, testified Wan Fei, former policeman, in early March 2020⁶. In the Xi’an districts, capital of the Shaanxi province, divorce applications are also on the rise⁷. In France, following President Emmanuel Macron’s confinement announcement, Secretary of State in charge of gender equality and the fight against discrimination, Marlène Schiappa, published a press release on March 16th 2020, explaining that “the period of crisis we are going through, as well as home quarantining, can unfortunately create a fertile breeding ground for domestic violence”⁸. She also asked the department of women’s rights in all prefectures to keep her updated on the feedback they receive from the situation of emergency shelters for women victims of domestic violence, in order for them to continue their mission while respecting prevention measures. Finally, she reminded that “evicting the violent spouse must be the rule” and that domestic violence litigations would continue being dealt with by the appropriate jurisdictions.

The phone number to call in France remains the 17; the online platform [arretonslesviolences.gouv.fr](#) is also functioning. The [Fédération nationale de Solidarité Femmes](#) (FNSF, French National Federation of Female Solidarity), in charge of the free and anonymous French national assistance number, 3919, had to reorganise to allow continuing using this number and protecting their telephone counsellors. “The call centre [...] was redirected on mobile phones”, and is functional from Mondays to Saturdays, from

⁴ 17 sustainable development goals were adopted in 2015.

⁵ Hubei province

⁶ Frédéric Lemaître, « [Coronavirus : en Chine, les violences conjugales en hausse pendant le confinement](#) », *Le Monde*, March 28th 2020.

⁷ « [Chinese city experiencing a divorce peak as a repercussion of Covid-19](#) », *Global Times*, March 7th 2020.

⁸ Press release, State secretary in charge of gender equality and the fight against discrimination, March 16th 2020.

9 a.m. to 7 p.m.⁹. The #Noustoutes collective (#AllOfUs) had warned about the situation of women victims of domestic violence as soon as confinement began, passing on the French national phone number 3919: “Being confined at home with a violent man is dangerous. It is not recommended to go out. It is not forbidden to run away. Need help? Call 3919”. The [Collectif féministe contre le viol](#) (CFCV, Feminist collective against rape) had also organised to guarantee a hotline for victims of sexual violence during confinement: The number 0 800 05 95 95 is free of charge and confidential, and the on call period is from Monday to Friday, from 10 a.m. to 7 p.m.

Domestic violence happens within the family sphere. The calls handled by the 3919 phone number in 2018 revealed that 98% of these calls came from women, and among those calls, 13,000 children were also affected by the violence¹⁰. Once more, the French phone number for reports and assistance 119 is available; for psychological support, please reach 0800 130 000. Staff from the Child protection department and associations on child protection are also committed on the field to allow the service to continue, and have signalled in several French departments their important need for protection¹¹.

The Covid-19 epidemic is therefore problematic, both in terms of personnel management, and regarding the missions that associations have to work on while facing a temporary drop in their activities because of confinement (when they needed to reorganise), sometimes a drop in volunteers (it is the case for Les Restos du Coeur, an association that serves food to the less fortunate, and whose volunteers are mostly elderly, and therefore at risk), and an increasing demand to further work on their missions.

In this context, to help the associations working on the field, and allow them to continue their missions, the [Fondation des femmes](#) (Women’s Foundation) has launched a “unique emergency programme to support women victims of violence [calling] for general engagement”¹². Along with the FNSF, they commit to making sure women are safe, using the Île-de-France plan #ToutesSolidaires (#SolidarityForAll), along with the Union régionale Solidarité Femmes – Île-de-France (URSF-IDF, Regional Union for Women Solidarity in the Île-de-France region)¹³.

Therefore, the State must adapt its responses facing this crisis that emphasises domestic violence. As reminded by French Secretary of State Marlene Schiappa and her Italian counterpart in a joint letter, ten days after Italia started confinement, France and Italy face the “same assessment that calls from women on assistance numbers have drastically dropped”. The first data from Italy are clarifying: during the first fortnight of March 2020, calls from victims of domestic violence have dropped by 47.7% in comparison with the previous year, over the same period¹⁴. Indeed, how can one call for help while confined with their attacker?

Christophe Castaner, French Minister of the Interior, confirmed what many already feared: the quarantine implemented on March 17th has led to an increase in domestic violence. The Paris police prefecture has reported an increase of 36% in just one week; the national Gendarmerie reports an increase of 32%. Since confinement began, two women were killed by their spouse; a 6 year-old child, beaten by his father, is currently brain-dead. In the face of that dramatic situation, an alert plan was set up in pharmacies to alert the police¹⁵. Secretary of State Marlène Schiappa has announced in an interview to *Le Parisien*¹⁶ that assistance spots for women would be made available in front of supermarkets,

⁹ Press release, Fédération nationale Solidarité Femmes, March 22nd 2020.

¹⁰ See figures from the [FNSF](#).

¹¹ For example in the French departments of the [Occitanie](#) region, or in the [Finistère](#).

¹² Press release, Fondation des femmes, March 27th 2020.

¹³ Press Release, Fondation des Femmes and Fédération nationale Solidarité Femmes, March 30th, 2020.

¹⁴ Daniela Lanni, « [L'altra faccia del coronavirus, è emergenza violenza sulle donne. Ecco i numeri da chiamare per chiudere aiuto](#) », *La Stampa*, March 19th 2020.

¹⁵ See « [Confinement : les violences conjugales en hausse, un dispositif d'alerte mis en place dans les pharmacies](#) », *Le Monde* with Reuters, March 27th 2020.

¹⁶ Christine Mateus, « [Violences conjugales : Marlène Schiappa annonce des points d'accueil dans les centres commerciaux](#) », *Le Parisien*, March 28th 2020.

20,000 hotel nights would be allocated to end the situations of cohabitation, and that the State would give up to 1 million euros to finance associations. Latest announcement: the possibility to warn the police via text message sent to the number 114.

The current health crisis also questions the access to birth control and to the right to abortion. As early as March 15th 2020, on a joint decision made by the Ministry of Health and the Secretary of State for gender equality, women have been able to “buy the contraceptive pill in pharmacies, without going to a doctor’s first, and using an old prescription”; “emergency contraception is available without a prescription in pharmacies”. In addition, the press release insists that abortions, “considered as urgent operations”, “must be continued”. General practitioners and midwives are authorised to prescribe drug induced abortions, and teleconsultation is also intended to accompany women who want to have an abortion.

In the United-States, access to the right to abortion is already being questioned in some states. Ohio considers abortion as “non-essential” during the pandemic, and the General Procurer of this state demands they be stopped¹⁷. This decision was also taken in Texas and in Mississippi. In France, several feminist associations, and more particularly the [Planning familial](#) (Family Planning), in charge of the 0800 08 11 11 hotline dedicated to accompanying women on accessing their rights to sexual and reproductive health [besides this hotline, the [Ivgadresses.org](#) website lists all necessary contacts and information], are worried that the difficulties brought by the Covid-19 epidemic could cause damage to abortion processes during quarantine, delays being key to these processes. One of the consequences of confinement almost all over Europe is the frontiers being closed, preventing women from going to the Netherlands for a late abortion. Some French senators from the socialist groups, Laurence Rossignol, Michelle Meunier, Patrick Kanner, Marie-Pierre de la Gontrie, Jean-Yves Leconte, Rachid Temal and Marie-Pierre Monier, have presented on March 19th 2020 an amendment to extend the legal abortion period by two weeks, and to remove the mandatory second medical consultation for minors. However, the amendment was rejected. Laurence Rossignol commented this decision: “What upsets me with this amendment being rejected is that we accept to contravene to the labour code without limits to adapt to this health crisis, and still we think it’s impossible to contravene to the law on abortion”¹⁸. A petition, “[Covid-19 : les avortements ne peuvent attendre ! Pour une loi d’urgence !](#)” (Covid-19: abortions cannot wait! For an emergency law!)” was set up by the “Collectif Avortement en Europe. Les femmes décident» (“Abortion in Europe. Women decide” collective), which gathers several feminist associations, trade unions and political parties. This petition echoes a call from more than a hundred abortion professionals, supported by leading political or cultural figures, who in a column called for emergency measures, and say they are ready to go against the law.¹⁹

Confinement therefore multiplies the difficulties for women and children victims of gender-based and sexual violence, and in regards to the access to sexual and reproductive rights. All the concerned actors, associations, health professionals, child protection services, justice, Gendarmerie, must more than anything coordinate for measures adapted to the epidemic to be implemented to protect victims and the committed personnel, using the necessary prevention measures to limit the virus propagation, as well as essential protection (hand sanitizer gel and masks) for the personnel who has to face public; this is the main issue at stake.

Frontline professions are mainly practised by women

The pandemic highlights the care professions that are on the frontline while handling this health crisis. How can we define care? Rose-Myrliè Joseph defines it as follows: “It is an ensemble of activities on

¹⁷ [Riley Beggin, « Ohio’s attorney general told providers to stop abortions during the coronavirus pandemic », Vox, March 22nd 2020.](#)

¹⁸ [Lorélie Carrive, « Le confinement risque de fragiliser encore plus le droit à l’avortement », France Inter, March 20th 2020.](#)

¹⁹ [« Il faut 'protéger les droits des femmes et maintenir l'accès à l'avortement' », collective, Le Monde, March 31st 2020.](#)

the verge of domestic, healthcare, social and educational (Cresson et Gadrey, 2004). [...] If it covers several activities areas, including in the domestic work (Molinier, 2004; Moujoud and Falquet, 2010), care can also be inscribed in different forms of work. First, care would be a stakeholder of the domestic work that Delphy (2002) presents as the women's free work in the service of their own family. The we can include it in the domestic work that Destremeau and Lautier (2002) present as women's paid work for the domestic care of another family. We can also include it in the domestic institutional service work that, for Glenn (2009) is a paid job occupied by women within an institutional framework".²⁰

On the global scale, women represent 70% of personnel in health and social services, according to the UN.²¹ The majority of health professionals, domestic help, teachers, supermarkets employees are women. In France, women represent 78% of hospital public service, of which 90% of nurses and caregivers, 89% of nursing homes personnel²², 82% of the teaching staff in primary school, and 80 to 90% of cashiers²³. We must note that 90% of the medical staff in the Hubei province in China are women.²⁴ Even though they are now considered as essential to the life of the society during confinement, these professions are low-paid. Is it necessary to remind how much nurses (the gross salary for level 1 of grade 1 and 2 ranges from 1827.54€ to 1977.49€), caregivers (1537.01€), cashiers (minimum wage) earn? Many women in these precarious professions, mostly those of cashiers and home help, must work part-time, because they are single parents²⁵. All these women in action to save lives or to ensure the continuity of general interest activities do so in conditions that are, as we know, more than demanding. Care professions are under a lot of pressure, lack all kinds of protections, or have very basic ones, and are therefore more exposed than anyone else to the virus.

For a crisis management that includes the gender dimension

In their article "[Covid-19 : the gendered impacts of the outbreak](#)", published in *The Lancet* on March 14th 2020, Clare Wenham, Julia Smith and Rosemary Morgan call to international community to draw lessons from the Ebola crisis that happened in West Africa between 2014 and 2016, or from the Zika virus crisis. Women were more affected than men by the virus, for being a majority in health professions. And while being a majority managing the virus on the field, they were nevertheless a minority involved in the decision processes to resolve the crisis. The authors therefore regret the current pandemic management: "despite the WHO Executive Board recognising the need to include women in decision making for outbreak preparedness and response, there is an inadequate women's representation in national and global COVID-19 policy spaces [...]" Another dramatic consequence of the Ebola and Zika viruses was the strong impact on women's sexual and reproductive rights: the mortality rate of pregnant women, during labour and/or because of pregnancy has increase, the access to sexual and reproductive rights has dropped. In Sierra Leone, between 2013 and 2016, the mortality rate for women increased because of obstetrics reasons, more than because of the Ebola virus itself²⁶. For the Covid-19 epidemic, the World Health Organisation has reaffirmed on March 21st 2020 the necessity for each woman to have the right to safe childbirth, including the presence of one person of their choice. In France, if the Assistance Publique – Hôpitaux de Paris (Paris Public Hospital System) does not

²⁰ Rose-Myrliè Joseph, « [Le care : entre relations et rapports sociaux au travail](#) », Université de Lausanne et en sociologie à l'Université Paris 7.

²¹ See « [Covid-19 : les conséquences sociales de la pandémie touchent durement les femmes](#) », United Nations, March 20th 2020.

²² To go further, see the data from the French Direction of Research, Studies, Evaluation and Statistics on [health professions](#), and most particularly on [nurses](#) or [nursing homes personnel](#).

²³ See the article written by Raphaëlle Rérolle, Marie-Béatrice Baudet, Béatrice Gurrey and Annick Cojean, « [Coronavirus : dans toute la France, les caissières en première ligne](#) », *Le Monde*, March 22nd 2020.

²⁴ Clare Wenham, Julia Smith, Rosemary Morgan, « [Covid-19 : the gendered impacts of the outbreak](#) », *The Lancet*, March 14th 2020.

²⁵ The French National Institute of Statistics and Economic Studies, Insee, indicates that in 2014, 82% of single-parent families were run by women.

²⁶ Helen Lewis, "[the coronavirus is a disaster for feminism](#)", *The Atlantic*, March 19th 2020.

systematically forbid the possibility to be accompanied during labour, the decision remains that of maternity wards²⁷.

From an economic point of view, the impact of the Ebola and Zika crises lasted in the long-term in the region. According to Julia Smith²⁸, “men’s income returned to what they had made pre-outbreak faster than women’s income”, deepening wage gaps even more. To these long-term inequalities must be added one last consideration more difficult to take into account (but that says a lot on the patriarchal system we live in), which lies in the division of domestic tasks within couples. We know that women spend more time on household tasks than men²⁹. Let us hope that the Covid-19 pandemic won’t contribute to the comeback of the perfect housewife figure that thrived in the 1950’s!

Ebola and Zika therefore teach us the need to integrate the gender dimension in the responses given to an epidemic, and to add gender-sensitive data to understand the differentiated impact of those crises on women and men. On the 29 million scientific articles published on Ebola and Zika, only 1% was dedicated to the impact of these epidemics on women³⁰. Consequently, it is essential for the international community to have a gendered-sensitive approach to resolve the crisis. Helena Dalli, European Commissioner for Equality, reminded this in a press release: “Therefore, EU member States must address the gendered impact that the virus is having and draw a gender-sensitive response”, calling all Member States to implement measures to protect women’s rights.

The post-crisis period will be decisive. Let us finally grab the opportunity in front of us to engage in a reflection on the promotion of care professions in the working world, and more generally on women’s rights in our society, which should by no means be put aside. This reflection cannot happen without the input of women who will have bravely contributed to solving this crisis on the field. How can we not think of this famous sentence from Simone de Beauvoir, who wrote in her 1949 novel *The Second Sex*: “Never forget that it will only take a social, economic or religious crisis to question women’s rights. These rights are never assured. You must remain attentive all your life.”? In this new breathe that will be given to us, we must make sure, more than ever, to rebuild this worn out society, including women’s rights within it, and in particular, those of them who will have been on the frontline and who must not be forgotten.

The translation of this article in English was realised by Anna Harbonn.

²⁷ Marine Le Breton, [« L’accouchement pendant le coronavirus doit se faire avec le père, selon ce gynécologue »](#), *The Huffington Post*, March 27th 2020.

²⁸ *Ibid.*

²⁹ François Kraus, [“L’inégale répartition des tâches ménagères ou la persistance d’un ‘privilège’ de genre”](#), Fondation Jean-Jaurès, November 4th 2019.

³⁰ *Ibid.*